



Blount County Government

Risk Management Incident Report

Today's Date: _____

Claimant Name: _____ Phone: _____ Email: _____

Name of Employee notified: _____ Date/Time notified: _____

Date of Incident: _____ Time: _____ a.m./p.m. Weather conditions: _____

Department/Location of Incident: _____

Type of Incident (Check one):
Injury (slip/trip/fall) Loss/Damage to Property
Vehicle Damage Other

Was incident site inspected? Yes No Were photos taken? Yes No

Claimant's Statement of Incident and events that caused incident: (Use additional sheet(s) if needed)

Persons Injured? Yes No

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Property Damage? Yes No

Description of Property Damage:

Witnesses:

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Police or EMS notified? Yes No Risk Management notified? Yes No

Notified? Claimant's Signature (if possible)

Supervisor: _____ Date: _____

*PLEASE FAX COMPLETED COPY TO RISK MANAGEMENT @ 865-273-5778 OR EMAIL TO: tipton@blounttn.org and ljackson@blounttn.org. ANY QUESTIONS CALL 865-273-5770